

**LARA LAKE PRIMARY SCHOOL ENROLMENT REQUIREMENTS**

Thank you for choosing to enrol your child at Lara Lake Primary School.

In our enrolment pack you will find all of the necessary forms we require. It is of great importance that all sections of the enrolment form are fully completed and returned to the Administration Office at a minimum of two days prior to commencement. Please be sure to include:

- Last school, Kinder or Day Care attended.
- Melways Map reference and distance to school
- A minimum of two local emergency contacts (not including parents/carers already listed)
- Medicare number
- All relevant medical history for child

Be sure to fill in all of the forms.

Once you have completed all forms, please submit your application to the general office – with your child’s original birth certificate or passport and immunisation certificate. Photocopies of these will be made and the originals returned to you.

If you are enrolling a Prep child to commence in the following year’s Prep intake, you will receive a confirmation letter of enrolment by the end of Term 3.

Please ask at the office if you are unsure of any details. We are happy to assist.

**PRIVACY NOTICE**

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Lara Lake Primary School is collecting your personal information to establish that you reside within the school’s enrolment zone. Your information will not be disclosed to any other organisation without your consent, or unless authorised or required by law. You can access your personal information held by the school by contacting 03-52821261 or [lara.lake.ps@edumail.vic.gov.au](mailto:lara.lake.ps@edumail.vic.gov.au).

If you choose not to provide some or all of the information asked for we may not be able to enrol your child at Lara Lake Primary School.



# LARA LAKE PRIMARY SCHOOL

STUDENT ENROLMENT INFORMATION	Computer Generated Student ID:	
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## STUDENT DETAILS

### PERSONAL DETAILS OF STUDENT

Surname:		Title: (Miss Ms Mr)	
First Given Name:			
Second Given Name:			
Preferred Name (if applicable):			
❖ Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date: (dd-mm-yyyy) _____ / _____ / _____
Student Mobile Number:			

#### Primary Family Home Address:

No. & Street: or PO Box details	
Suburb:	
State:	Postcode:
Telephone Number	Silent Number: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Number:	Fax Number:

#### OFFICE USE ONLY

Child's Name and Birth Date proof sighted (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:	
Year Level	Home Group	Timetabling Group	House	Campus	
Student Email Address:					
Immunisation Certificate received?: (tick)		<input type="checkbox"/> Complete	<input type="checkbox"/> Not sighted		
Is there a Medical Alert for the student? (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Does the student have a Disability ID Number? (tick)		<input type="checkbox"/> No	<input type="checkbox"/> Yes	Disability ID No.:	

#### FAMILY DETAILS

List any other family members attending this school:



❖ This question is asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

## PRIMARY FAMILY DETAILS



NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with". Additional and Alternative family forms are available from the school if this is required. These additional forms are designed to cater for varying family circumstances.


As the School Start Bonus will be sent to the 'Primary Carer' of Prep and Year 7 students, it is imperative that the legal surname, legal first name and legal second name are recorded.


### Adult A Details (Primary Carer):

<b>Sex</b> (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>Title:</b> (Ms, Mrs, Mr, Dr etc)		
<b>Legal Surname:</b>		
<b>Legal First Name:</b>		
<b>What is Adult A's occupation?</b>		
<b>Who is Adult A's employer?</b>		
 <b>In which country was Adult A born?</b>		
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):	
 <b>Does Adult A speak a language other than English at home?</b> (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)		
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify):	
<b>Please indicate any additional languages spoken by Adult A:</b>		
<b>Is an interpreter required?</b> (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>What is the highest year of primary or secondary school Adult A has completed?</b> (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)		
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 11 or equivalent	
<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below	
<b>What is the level of the highest qualification the Adult A has completed?</b> (tick one)		
<input type="checkbox"/> Bachelor degree or above	<input type="checkbox"/> Advanced diploma / Diploma	
<input type="checkbox"/> Certificate I to IV (including trade certificate)	<input type="checkbox"/> No non-school qualification	
<b>What is the occupation group of Adult A?</b> Please select the appropriate parental occupation group from the attached list.		
<ul style="list-style-type: none"> <li>If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list.</li> <li>If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.</li> </ul>		

### Adult B Details:

<b>Sex</b> (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>Title:</b> (Ms, Mrs, Mr, Dr etc)		
<b>Legal Surname:</b>		
<b>Legal First Name:</b>		
<b>What is Adult B's occupation?</b>		
<b>Who is Adult B's employer?</b>		
 <b>In which country was Adult B born?</b>		
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):	
 <b>Does Adult B speak a language other than English at home?</b> (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)		
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify):	
<b>Please indicate any additional languages spoken by Adult B:</b>		
<b>Is an interpreter required?</b> (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>What is the highest year of primary or secondary school Adult B has completed?</b> (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)		
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 11 or equivalent	
<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below	
<b>What is the level of the highest qualification the Adult B has completed?</b> (tick one)		
<input type="checkbox"/> Bachelor degree or above	<input type="checkbox"/> Advanced diploma / Diploma	
<input type="checkbox"/> Certificate I to IV (including trade certificate)	<input type="checkbox"/> No non-school qualification	
<b>What is the occupation group of Adult B?</b> Please select the appropriate parental occupation group from the attached list.		
<ul style="list-style-type: none"> <li>If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list.</li> <li>If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.</li> </ul>		

 These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information

 <b>Main language spoken at home:</b>	<b>Preferred language of notices:</b>
<b>Are you interested in being involved in school group participation activities? (eg. School Council, excursions)</b> (tick)	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both <input type="checkbox"/> Neither

## PRIMARY FAMILY CONTACT DETAILS

### Adult A Contact Details:

#### Business Hours:

Can we contact Adult A at work? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult A usually home during business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No:		
Other Work Contact information:		

#### After Hours:

Is Adult A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		
Adult A's preferred method of contact: (tick one)		
<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Facsimile
Email address:		
Fax Number:		

### Adult B Contact Details:

#### Business Hours:

Can we contact Adult B at work? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult B usually home during business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No:		
Other Work Contact information:		

#### After Hours:

Is Adult B usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		
Adult B's preferred method of contact: (tick one)		
<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Facsimile
Email address:		
Fax Number:		

### Primary Family Mailing Address:

Write "As Above" if the same as Family Home Address

No. & Street or PO Box	
Suburb:	
State:	Postcode:

### Primary Family Doctor Details:

Doctor's Name	Individual or Group Practice: (tick)	<input type="checkbox"/> Individual	<input type="checkbox"/> Group
No. & Street or PO Box No.:			
Suburb:			
State:		Postcode:	
Telephone Number		Fax Number	
Current Ambulance Subscription: (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medicare Number:

**PRIMARY FAMILY EMERGENCY CONTACTS:**

	Name	Relationship (Neighbour, Relative, Friend or Other)	Telephone Contact	Language Spoken (If English Write "E")
1				
2				
3				
4				

**PRIMARY FAMILY BILLING ADDRESS:**

Write "As Above" if the same as Family Home Address

<b>No. &amp; Street or PO Box</b>	
<b>Suburb:</b>	
<b>State:</b>	<b>Postcode:</b>

**OTHER PRIMARY FAMILY DETAILS**

<b>Relationship of Adult A to Student:</b> (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other
<b>Relationship of Adult B to Student:</b> (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other

<b>The student lives with the Primary Family:</b> (tick one)
<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced <input type="checkbox"/> Occasionally <input type="checkbox"/> Never

<b>Send Correspondence addressed to:</b> (tick one)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both Adults	<input type="checkbox"/> Neither
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**NOTE:** Parents receiving a benefit from Centrelink and holding a current Health Care card or a current Pension card may be entitled to receive the Education Maintenance Allowance. Information on eligibility and application forms are available from the school office.

**DEMOGRAPHIC DETAILS OF STUDENT**

<b>❖ In which country was the student born?</b>	
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify): _____
<b>Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy)</b> ____ / ____ / ____	
<b>What is the Residential Status of the student? (tick)</b> <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
<b>Basis of Australian Residency:</b>	
<input type="checkbox"/> Eligible for Australian Passport	<input type="checkbox"/> Holds Australian Passport
<input type="checkbox"/> Holds Permanent Residency Visa	
<b>📄 Visa Sub Class:</b>	<b>Visa Expiry Date: (dd-mm-yyyy)</b> ____ / ____ / ____
<b>Visa Statistical Code:</b> (Required for some sub-classes)	
<b>International Student ID :</b> (Not required for exchange students)	
<b>❖ Does the student speak a language other than English at home? (tick)</b> ( If more than one language is spoken at home, indicate the one that is spoken most often)	
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify): _____
<b>Does the student speak English? (tick)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>❖ Is the student of Aboriginal or Torres Strait Islander origin? (tick one)</b>	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal
<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander
<b>What is the student's living arrangements? (tick one):</b>	
<input type="checkbox"/> At home with TWO Parents/ Guardians	<input type="checkbox"/> State Arranged Out of Home Care # (See Note)
<input type="checkbox"/> At home with ONE Parent/ Guardian	<input type="checkbox"/> Homeless Youth
<input type="checkbox"/> Independent	

# State Arranged Out of Home Care - Students who have been subject to protective intervention by the Department of Human Services and live in alternative care arrangements away from their parents. These DHS-facilitated care arrangements include living with relatives or friends (kith and kin), living with non-relative families (foster families or adolescent community placements) and living in residential care units with rostered care staff.

**Note:** Special Schools – please go to section “Travel Details for Special Schools” to enter transport details.

<b>Beginning of journey to school:</b>	<b>Map Type</b>	Melway / VicRoads / Country Fire Authority / Other		
<b>Map Number</b>	<b>X Reference</b>	<b>Y Reference</b>		
<b>Usual mode of transport to school: (tick)</b>				
<input type="checkbox"/> Walking	<input type="checkbox"/> School Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Driven	<input type="checkbox"/> Taxi
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Tram	<input type="checkbox"/> Self Driven	<input type="checkbox"/> Other
If student drives themselves to school:	Car Reg. No.		Distance to School in kilometres:	

<b>Student's Religion:</b>
<b>Will the student participate in Religious Instruction classes? (tick)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

❖ These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

**SCHOOL DETAILS**

Date of first enrolment in an Australian School: _____ / _____ / _____	
Name of previous School:	
Years of previous education:	What was the language of the student's previous education?
<b>Does the student have a Victorian Student Number (VSN)?</b> <input type="checkbox"/> Yes. <input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No. The student has never been issued a VSN. Please specify: □□□□□□□□	
Years of interruption to education:	Is the student repeating a year? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the student be attending this school full time? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>No</b> , what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week)	
Other school Name:	Time fraction: 0. <input type="checkbox"/> Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other school Name:	Time fraction: 0. <input type="checkbox"/> Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No

**CONDITIONAL ENROLMENT DETAILS**

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to Section 4.1.2.6 of the Victorian Government Schools Reference Guide for more information (<http://www.education.vic.gov.au/management/governance/referenceguide/default.htm>).

Enrolment conditions
<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>

**OFFICE USE ONLY**

Has the documentation been provided and retained on school records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the conditions been met to complete the enrolment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS**

<b>Is the student at risk?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Is there an Access Alert for the student?</b> (tick)	<input type="checkbox"/> Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)	<input type="checkbox"/> No (If No, move to the immunisation / medical condition details questions.)		
<b>Access Type:</b> (tick)	<input type="checkbox"/> Court Order	<input type="checkbox"/> Family Law Order	<input type="checkbox"/> Restraining Order	<input type="checkbox"/> Other
<b>Describe any Access Restriction:</b>				
<b>Is there an Activity Alert for the student?</b> (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If Yes, then describe the Activity Restriction:				

**OFFICE USE ONLY**

Current custody document placed on student file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school; I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to: (cross out any unacceptable statement)

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- administer such first aid as the Principal or staff member may judge to be reasonably necessary.


Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<p><b>NEW STUDENT ENROLMENT PERMISSION</b></p> <p>We give permission for the school to contact the previous school or kindergarten to gain any background information that may assist our child to settle quickly and happily into Lara Lake Primary School.</p> <p>Signed..... Date.....</p>
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**STUDENT MEDICAL DETAILS**

**Medical Condition Details:**

 Does the student suffer from any of the following impairments? (tick)	<b>Hearing:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Vision:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Speech:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Mobility:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does the student suffer from Asthma?</b> (tick) If No, please go to the Other Medical Conditions section		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Asthma Medical Condition Details:**

Answer the following questions **ONLY** if the student suffers from any asthma medical conditions.

<b>Please indicate if the student suffers from any of the following symptoms:</b> (tick) <input type="checkbox"/> Cough <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheeze <input type="checkbox"/> Exhibits symptoms after exertion <input type="checkbox"/> Tight Chest	<b>If my child displays any of these symptoms please:</b> (tick) Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:
<b>Has an Asthma Management Plan been provided to School?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Does the student take medication?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name of medication taken:</b>
<b>Is the medication taken regularly by the student (preventive) or only in response to symptoms?</b> (tick) <input type="checkbox"/> Preventative <input type="checkbox"/> Response	
Indicate the usual dosage of medication taken:	Indicate how frequently the medication is taken:
<b>Medication is usually administered by:</b> (tick) <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other	
<b>Medication is stored:</b> (tick) <input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere	
<b>Dosage time</b>	<b>Reminder required?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Poison Rating</b>	

**Other Medical Conditions**

(More copies of the other medical condition forms are available on request from the school.)

<b>Does the student have any other medical condition?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify:	
Symptoms:	
<b>If my child displays any of the symptoms above please:</b> (tick)	
Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No	Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:
<b>Does the student take medication?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name of medication taken:</b>
<b>Is the medication taken regularly by the student (preventive) or only in response to symptoms?</b> (tick) <input type="checkbox"/> Preventative <input type="checkbox"/> Response	
Indicate the usual dosage of medication taken:	Indicate how frequently the medication is taken:
<b>Medication is usually administered by:</b> (tick) <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other	
<b>Medication is stored:</b> (tick) <input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere	
<b>Dosage time</b>	<b>Reminder required?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Poison Rating</b>	

**STUDENT DOCTOR DETAILS**

The following details should **only** be provided if **this** student has a Doctor and/or Medicare number different to the Primary Family.

<b>Doctor's Name:</b>	
<b>Individual or Group Practice:</b> (tick)	<input type="checkbox"/> Individual <input type="checkbox"/> Group
<b>No. &amp; Street or PO Box No.:</b>	
<b>Suburb:</b>	
<b>State:</b>	<b>Postcode:</b>
<b>Telephone Number</b>	<b>Fax Number</b>
<b>Student Medicare Number:</b>	

**STUDENT EMERGENCY CONTACTS**

This section should **ONLY** be filled out if **THIS** student has emergency contacts other than the Prime Family Emergency Contacts.

	<b>Name</b>	<b>Relationship</b> (Neighbour, Relative, Friend or Other)	<b>Language Spoken</b> (If English Write "E")	<b>Telephone Contact</b>
1				
2				

**TRAVEL DETAILS FOR SPECIAL SCHOOLS**

<b>How will the student travel to school? (tick)</b>			
<input type="checkbox"/> Walk	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Train	<input type="checkbox"/> Tram
<input type="checkbox"/> School Bus	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Public Taxi	<input type="checkbox"/> Driven by parent/carer
<b>First date of travel? (tick)</b>	<input type="checkbox"/> Next school year	Alternate date: (dd-mm-yyyy) ____ / ____ / ____	
<b>Is the student applying to travel on a school bus or for other travel assistance? (tick)</b>			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>Type of travel assistance requested?</b> (completion of additional form required)			
<input type="checkbox"/> Access to School Bus		<input type="checkbox"/> Conveyance Allowance	
<b>If by School Bus, please advise local bus stop if known:</b>			
Landmark:	Map Type:	X ____	Y ____
<b>Assisted Mobility (if applicable):</b>			
If applicable, specify the student's mode of assisted mobility.		<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Walker
<b>Comments relevant to travel:</b>			
<b>Office Use Only:</b>			
<b>Can the student Individual Learning Plan (ILP) include travel training?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Is the student attending their nearest school?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Does the student reside in Designated Transport Area (DTA) (if attending special school)?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Can the student be accommodated on existing route (if applicable)?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Pick-up Point:</b>	Map Ref:	Time AM:	
<b>Set Down Point:</b>	Map Ref:	Time PM:	
NOTE: Students residing in Rural/Regional Victoria or attending special schools may be entitled to receive transport assistance. The Department may give access to a school bus service or pay a conveyance allowance to assist with the cost of travel. Information on eligibility and the application process can be obtained from the school.			

Thank you for taking the time to complete this Student Enrolment form. We understand that the information you have provided is confidential and will be treated as such, but the details are required to enable staff to properly enrol your child at our school.

I certify that the information contained within this form is correct.	
Signature of Parent/Guardian: _____	Date: ____ / ____ / ____



**SIGNED AGREEMENTS**

STUDENT'S NAME ..... GRADE ..... DATE ..... / ..... /.....

Parents/Guardians are asked to fill in the required information and sign in the appropriate places. Please return this form to your child's classroom teacher on or before Friday 9<sup>th</sup> February, 2018.

**1. STUDENT MEDICAL DETAILS – ALERT OFFICE TO CHANGES**

I understand it is my responsibility to inform the school of any medication/management plans for my child (e.g. Asthma, Anaphylaxis, Diabetes, Epilepsy, Attention Deficit Disorder, etc). I understand that if my child requires medication to be administered at school, I will be required to call at the school office to complete a Medicine Authority Form, stating specific information and that I give permission for school staff to administer the required medication.

Signed ..... (Parent/Guardian)

**2. LOCAL VISITS AND EXCURSIONS PERMISSION**

I give permission for my child to participate in any local visits, excursions or other school activities requiring my child to be taken from the Lara Lake Primary School premises during 2018. Children would be walking to these local events. I understand that this authority refers only to activities that are planned for the environs of Lara Lake Primary School.

In the event of accident or illness to my child, I authorise the teacher in charge of the excursions to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Signed ..... (Parent/Guardian)

**3. USE OF CLASS SETS / LIBRARY BOOKS**

In the event of my child damaging or losing a School text/library book, I will replace the book or reimburse the school for the required amount.

Signed ..... (Parent/Guardian)

**4. HEAD LICE CHECKS**

I give consent for my child to participate in the school's head lice inspection program during the 2018 school year. (Please note inspections will be organised, when necessary, using a staff member.) The Health Department requires that where a child has head lice, he or she should not return to school until appropriate treatment has commenced.

Signed ..... (Parent/Guardian)

**5. ONLINE POSTING AUTHORITY**

I give permission for my child's photograph and/or work to be published on the school's website, Facebook or other online portals; and also in school promotions, publications, the newspaper, etc.

Signed ..... (Parent/Guardian)

**6. MOVIES, DVDs, FILM CONTENT**

Occasionally DVD's / movies are shown to the students for educational purposes or special activities. I agree to allow my child to watch PG rated material at school.

Signed ..... (Parent/Guardian)



Lara Lake send newsletters via our website. We ask that you subscribe online for this service. The newsletter is your information connection to the school and will keep you informed of dates to remember. Just in case you don't have internet access at home, we are happy to keep a few hard copies at the office for collection, if required.

We also currently have Facebook and an App. The app will release alerts if you set it up in this way. You can then be alerted to events as they occur, access our newsletters, canteen menu and a host of other items related to your school.

We want Facebook to be a positive, happy site. It is not the forum for expressing dissatisfaction. Facebook is purely set up to share and celebrate the good things going on in our school and to get information out to parents in another convenient form.

Parents are so busy nowadays with their lives and Lara, in particular, is a commuter village. People love their children and are very interested in education - but they have little time to turn up on site. The electronic era can help create a community. Parents have a key role in making sure they only comment on the subject of the postings and keep their comments impersonal and positive. We ask you to model for your children the way we can use these sites positively and to good effect.

All parents have received Guidelines, Codes of Conduct and Instruction sheets to join Facebook and Twitter. It is important these are followed.

**To subscribe to the newsletter:**

- Just go to our website at [www.laralake.vic.edu.au](http://www.laralake.vic.edu.au)
- Look at the bottom footer of our website
- Enter your email in the "Newsletter subscribe" box
- You will receive news via email directly from the website each Monday

**Subscribe to Facebook :**

- Open up your browser
- Open an account by putting in your details (if you are a new user)
- Type the address: [www.facebook.com/LaraLakePrimarySchool](http://www.facebook.com/LaraLakePrimarySchool) into your URL Address Bar
- Like or Comment and you are on!

**Subscribe to the Smart Phone App :**

- Search 'Lara Lake Primary' (available on iPhone and Android) in the App store.
- Then install the app!

We want as many of our community joining as possible!

We are very excited as your school takes another step in its continued development.

Daniel Vella  
Acting Principal



**MEDICAL INFORMATION FORM**

I.D. Code: ..... Grade: ..... Date of Birth: .....

Child's Surname: ..... Given Names: .....

Address:..... Phone No:.....

Father's Name:..... Business Phone No:.....

Mother's Name:..... Business Phone No:.....

Father's Mobile:..... Mother's Mobile:.....

Name of doctor to call in case of emergency: .....

Address: ..... Phone No:.....

Name of Dentist: ..... Phone No: .....

Address: .....

Are you a current member of an ambulance fund? Yes / No Medicare No.: .....

Name of relative or friend to contact in an emergency (if parents are unavailable)

Name: ..... Phone No: .....

Address: .....

In the event of the School being unable to contact either the parents or doctor named above, I give consent to my child receiving care from a doctor or hospital nominated by the school.

Signed: .....  
Date: .....

**MEDICAL HISTORY – CONFIDENTIAL**

Does the child suffer from any of the following? (Please provide Plan from Doctor and discuss requirements with Administration).

Anaphylaxis..... Asthma: ..... (Please complete information on the next page).

Epilepsy: ..... Diabetes: ..... Haemophilia: ..... Allergies:.....

Anaphylaxis: .....

Have you provided an EpiPen: Yes / No Have you provided an Anaphylaxis Action Plan (attached to this sheet): Yes / No

Any other serious illness: .....

What treatment is he/she presently receiving? .....

Has he / she been immunised? Yes / No Does office have a copy of immunisation certificate? Yes / No

If glasses are worn, when were eyes last tested:.....

Other comments: .....

.....

## SCHOOL ASTHMA MANAGEMENT

Please complete this section if your child suffers from asthma.

What are the student's usual symptoms of asthma? (please tick)

- Wheezing                       Tightness of chest                       Coughing                       Difficulty breathing
- Other (please describe) .....

What are the students signs / symptoms of worsening asthma? (Please describe)

.....

Is medication usually required at school? Yes / No (If yes, please provide the following information)

Medication	Dosage	How Often
.....	.....	.....
.....	.....	.....

Does the student need pre-exercise medication? Yes / No (If yes, please provide the following information)

Medication	Dosage	Under what circumstances? (e.g. cross country)
.....	.....	.....

Does the student require assistance / supervision from staff while taking medication? Yes / No (If yes, please provide the following information) .....

Other relevant information e.g. trigger factors, side effects from medication, etc. ....

.....

## EMERGENCY ACTION PLAN

### VICTORIAN SCHOOLS ASTHMA POLICY FOR EMERGENCY TREATMENT OF AN ASTHMA ATTACK

(DEECD School Policy and Advisory Guide – Asthma Attacks: Treatment)

1. Sit the person upright, be calm and reassuring, do not leave them alone, and seek help if required. **Note:** Breathing is easier sitting rather than lying down.
2. Give medication: give 4 separate puffs into the spacer, shaking the puffer between each puff. (Shake the blue reliever puffer. Use a spacer if you have one)
3. Ensure student takes 4 breaths from the spacer after each puff.
4. Wait 4 minutes.
5. If there is no improvement, repeat step 2
6. If there is still no improvement call an ambulance (000). Tell the operator the person is having an asthma attack.
7. Keep giving 4 puffs, getting the student to take 4 breaths per puff, every 4 minutes while you wait for emergency assistance.
8. If asthma is relieved after administering the 4x4x4 procedure stop the treatment and observe the student. Notify the student's emergency contact person and record the incident.

Student's emergency treatment (if different from above)

Medication	Dosage (e.g. 2 puffs)	Method (e.g. puffer and spacer)	How Often (e.g. every 4 mins.)
.....	.....	.....	.....

Additional Comments: .....

### DECLARATION

In the event of an asthma attack at school, I agree to my child ..... receiving the treatment described above. I also agree to pay all expenses incurred for any ambulance service or medical treatment deemed necessary.

Parent's/Guardian's Signature: ..... Date .....